

FACT SHEET

HEPATITIS C (HCV)

About Hepatitis C

- The hepatitis c virus (HCV) is spread mainly through blood-to-blood contact. This includes exposure from remote blood transfusions or medical procedures, and through shared needles for injection drug use or for tattoos.
- Individuals who had a blood transfusion or received blood products prior to July 1990 are at increased risk.
- The vast majority of people living with hepatitis c are baby boomers who likely acquired the disease as children.¹
- It is now recommended all adults born between 1945 and 1975 undergo a test for hepatitis c.²
- To determine if a person has hepatitis C, a hepatitis C antibody test is required which can be accessed through a health care provider.
- If the body is not able to fight off HCV, chronic hepatitis may develop which can lead to cirrhosis (liver scarring), liver failure, liver cancer or the need for a liver transplant later in life.
- Chronic hepatitis C is a "silent" disease because often no symptoms appear until the liver is severely damaged. Severe liver disease can develop up to 20–30 years after onset of infection.³
- Curative therapy for hepatitis C is now available for individuals showing signs of liver disease.
- Individuals are considered cured of HCV when they have achieved a sustained virological response, meaning a continuation of undetectable viral load status, 12–24 weeks after completing a course of treatment.

Prevalence of Hepatitis C in Canada

- The Public Health Agency of Canada (PHAC) estimates 242,500 people are currently infected with the hepatitis C, or six to seven people out of every 1,000 Canadians.⁴
- In 2012 over 10,000 new hepatitis C cases were reported in Canada. Injection drug use is the most significant exposure route for HCV in Canada, accounting for approximately 60 per cent of all new HCV infections.⁵
- There are an estimated 50,000–60,000 people living with the virus in BC. About 2,500 new cases of hepatitis C are identified in the province each year.⁶
- An estimated 44 per cent of Canadians living with chronic hepatitis c infection were unaware of their status (97,107 to 108,234).
- Many people in Canada and around the world living with hepatitis c are unaware and it is often not detected until symptoms appear.

Disease Burden in Canada

- In Canada, hepatitis c is the leading cause of liver transplants. 9
- Early treatment of hepatitis c can reduce transmission and long-term management costs. This is the concept behind Treatment as Prevention®, which has been successfully implemented in British Columbia to curb HIV transmission. The province has seen a 65 per cent decline in new HIV cases since 1994. 10
- Combined with indirect costs of hepatitis C, the financial burden of the disease in Canada was estimated at \$500 million annually in 2000, projected to have reached \$1 billion in 2010.¹¹



Dr. Julio Montaner

Dr. Montaner is a world-renowned researcher and leader on HIV/AIDS. Since the start of the epidemic, Dr. Montaner has been working to improve the lives of those with HIV and AIDS. Born in Argentina, he knew from an early age he wanted to be a doctor—just like his father. He completed his training in Internal and Respiratory Medicine at University of British Columbia (UBC) and was St. Paul's chief resident. In 1988, he took the position of Director of AIDS Research. In the mid-1990's, working with other researchers at the BC Centre for Excellence in HIV/AIDS (BC-CFE), Dr. Montaner played a key role in the discovery of highly active antiretroviral therapy (HAART), which reduces the amount of HIV in an infected individual's bloodstream to undetectable levels.

In 2005, Dr. Montaner became Director of the BC-CFE. In 2006, he introduced the Treatment as Prevention® strategy, which he pioneered, at the International AIDS Society Conference (IAS) in Toronto. Dr. Montaner served as IAS President-Elect, President, and Past President from 2006–2012. In 2007, he was appointed Head of the newly established Division of AIDS at the UBC Department of Medicine, the first such initiative in Canada. Dr. Montaner was inducted into the Canadian Medical Hall of Fame and named Officer in the Order of Canada. His peer-reviewed research has been published in many world-leading medical and academic journals.

References

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